

SENDER: COMPLETE THIS SECTION

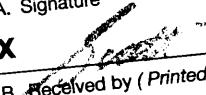
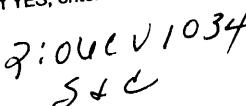
- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

OWENS-ILLINOIS, INC.

c/o its registered agent:
 The Corporation Trust Co.
 Corporation Trust Center
 1209 Orange Street
 Wilmington, DE 19801

COMPLETE THIS SECTION ON DELIVERY

A. Signature 	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
B. Received by (Printed Name) S & C	C. Date of Delivery 14 DEC 2006
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: 	

3. Service Type

<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input checked="" type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number

(Transfer from service label)

7003 3110 0004 0799 3571

102595-02-M-1540

PS Form 3811, August 2001

Domestic Return Receipt